

CITY OF FAIRFAX

PLUMBING PERMIT APPLICATION

FIRE DEPARTMENT
OFFICE OF CODE ADMINISTRATION
10455 ARMSTRONG ST., ROOM 103
FAIRFAX, VA 22030
(703) 385-7830 WEB: www.ci.fairfax.va.us
FAX (703) 385-9265

PERMIT NO. _____
DATE _____
PERMIT FEE _____
INVOICE NO. _____
CARD MADE _____

RE: BUILDING PERMIT # _____

I. JOB LOCATION

ADDRESS _____ SUITE# _____
TENANT'S NAME _____

II. NAME OF OWNER

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____

III. PLUMBING CONTRACTOR

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____ FAX NO. _____
CONTRACTOR LICENSE # _____ EXPIRES _____

Note: Fixture Unit Fees (tap fees) must be paid before a permit will be issued. Contact Utilities in Room 205

	Water Lateral		Sewer Lateral
	Water Tap		Sewer Tap

Please list fixtures you are going to add, remove, or replace.

No.	Fixtures	Replace/ New/ Remove?		No.	Fixtures	Replace New/ Remove?
	water closet/toilet/bidet				tubs	
	basin/lavatory				sinks	
	urinal				showers	
	dishwasher				drinking fountain	
	washing machine/standpipe/box				garbage disposal	
	laundry tray/tub/sink				hosebib	
					mop sink	
Drains						
	floor drains/area drain				grease traps	
	foundation drain				indirect drains	
	sanitary sewer ejection				roof drains	
Miscellaneous						
	Water heater					

I hereby certify that I have the authority to make this application, that the information given is correct, and that use, construction and installation shall conform to all applicable laws and regulations enforced by the City of Fairfax.

Owner, Agent or Contractor Signature: _____ Date _____

Print Contact Name _____ Contact phone/fax _____

Estimated Cost of Work \$ _____ Dept of Utilities Approval _____

Renovation of Commercial Space

Please fill out this additional information listing **CURRENT** number of fixtures in the space you are renovating versus number of fixtures after renovation:

Fixtures	Current Number	Number After Renovation
basin/lavatory		
dishwasher		
drinking fountain		
floor drains/area drains		
foundation drain		
garbage disposal		
grease trap		
hosebib		
indirect drains		
laundry tray/tub/sink		
mop sink		
roof drains		
sanitary sewer ejection		
showers		
sinks		
tubs		
urinal		
washing machine/standpipe/box		
water closet/toilet/bidet		
Other:		

Size of existing water meter: _____

I certify that the above information is accurate to the best of my knowledge.

Contractor/Owner/Agent Signature_____

Contractor License #_____Expires_____